

**City of Houston Workers' Compensation
Supervisor Checklist for Employee Injury**

| Name (Last, First, M.I.) | Department | Date of Injury |
|--------------------------|------------|----------------|
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1. Employer's First Report of Injury or Illness/TWCC-1 w/Instructions

- Completed by injured worker's supervisor.
- Report information to Claims Reporting Service (CRS) at **(866) 678-1748 within 24 hours!**
- Write claim number & name of CRS operator at the top of the form.
- Maintain form for supervisor's file according to departmental procedure.

2. Employee/Witness(es) Statements

- Have employee and witness(es) write what happened and what they saw.
- Maintain copies for supervisor's file according to departmental procedure.
- Give employee and witness(es) copies for their records.
- Send original statements to Designated Departmental Representative.

3. Instructions for Classified Service Worker or Municipal Service Worker Injured on the Job

- Completed by injured employee and supervisor.
- Maintain copy for supervisor's file according to departmental procedure.
- Give employee copy.
- Send original to Designated Departmental Representative. (DDR copies Risk Mgt.)

4. TWCC-73 Work Status Report or Physician's Statements (C.S. Form 227)

- Given to employee to be completed by physician at each visit and returned to Case Management. *
Order from Central Stores (Commodity Code: 7530-0100378-00)

5. Medical Service Company (MSC)

- Give employee copy.

6. Request for Travel Reimbursement

- Give employee copy.

7. City Occupational Injury Network

- Read and follow directions in the COIN booklet and give one to injured employee to keep as a reference.

8. Injured Employee Checklist for On-the-Job Injury

- Give employee copy.

9. Supervisor Responsibilities for Employee Injury

- Review and maintain for supervisor's file according to departmental procedure.

10. Designated Departmental Representatives List

- Notify and send copies of paper work to DDR. Keep list for future references.

11. Supplemental Report of Injury/TWCC-6

- Call CRS at (866) 678-1748 to report any change in status such as return to work, recurrence, retirement, medical separation, resignation, indefinite suspension, change in wage rate after an injury, or death. * *Order from Central Stores.*